

NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES
CRN POC COMPETENCY VALIDATION

Name: _____ Manager or Designee: _____
 Work Area: _____ Primary Preceptor: _____
 Hire Date: _____ Competency Date: Met _____ Not Met: _____

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other _____

Key: 1 = No knowledge/Experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

Competency: Temporary Pacemaker – Manages care and seeks to prevent complications for a patient requiring a temporary transvenous or transcutaneous pacemaker.

Behavioral Indicators	Self Evaluation				Assessment Method Used	Validator Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. States indications for pacemaker use.	1	2	3	4	V			Unit Orientation NPCS SOP: Pacing, Care of Patient Receiving Transcutaneous (External) Pacemaker, Care of the Patient with Temporary Transvenous Experience with preceptor	
2. Obtains necessary supplies.	1	2	3	4	D, V				
3. Correctly applies patches for external pacemaker.	1	2	3	4	D				
4. Assists with insertion of transvenous pacemaker.	1	2	3	4	D				
5. Sets pacemaker mA, rate, sensitivity, and alarms as ordered.	1	2	3	4	D				
6. Assesses patient/device for correct functioning to meet therapeutic goals.	1	2	3	4	D, V				
7. Troubleshoots device in the event of malfunction.	1	2	3	4	D, V				
8. Describes possible complications of pacemaker.	1	2	3	4	V				
9. Intervenes appropriately in the event of complications.	1	2	3	4	V, DR				
10. Communicates response to therapy to other members of the health care team.	1	2	3	4	D, DR				
11. Documents according to NPCS guidelines.	1	2	3	4	DR				

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

Educational Activities/Resources Provided:

“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:

Re-evaluation date: _____

By: _____

- ☐ Competency Met
- ☐ Competency Not Met

Next Step: _____